24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEA Advocacy Fund	
	C C00489815
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Waterfront Strategies	M M / D D / Y Y Y Y
Mailing Address 3050 K St. NW Suite 100	08 30 2016 Amount
City State Zip Code	1205200.00
Washington DC 20007	Transaction ID: B624401 Date of Disbursement or Obligation
Purpose of Expenditure TV Advertisement starting 8/30/16 Category/ Type 004	08 / 31 / 2016
Name of Federal Candidate Support Office	e Sought: House District:
Kelly Ayotte Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
SKDKnickerbocker	M M / D D / Y Y Y Y
Mailing Address 1150 18th St. NW Suite 800	08 30 2016
	Amount
City State Zip Code	15600.25
Washington DC 20036	Transaction ID : B624402 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M M / D D / Y Y Y Y
TV Advertisement starting 8/30/16 Type 004 Type 004	08 31 2016
Name of Federal Candidate Support Office	e Sought: House District:
Kelly Ayotte Oppose	President Senate State: NH
Calendar Year-To-Date Disbu	ursement For: Primary X General
Per Election for Office Sought 1220800.25 2016	
(a) SUBTOTAL of Itemized Independent Expenditures	1220800.25
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.	1220800.25
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	8 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	